## **Patent Application Data Sheet**

# **Application Information**

name::

Application Type::	Regular
Subject Matter::	Utility
Suggested	
Classification::	
Suggested Group Art	
Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable	
Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD AND SYSTEM FOR PARCEL REDIRECTION
Attorney Docket Number::	12620-7
Request for Early	
Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2
Total Drawing Sheets::	5
Small Entity?::	Yes
Latin Name::	
Variety denomination	

Petition included?:: No Petition Type:: Licensed US Govt. Agency:: **Contract or Grant** Numbers:: Secrecy Order in Parent Appl.?:: No **Applicant Information** Inventor Authority Type:: Inventor **Primary Citizenship** Country:: Canada Status:: **Full Capacity** Given Name:: Kerry Middle Name:: Shawn Family Name:: McLellan Name Suffix:: Mr. City of Residence:: Rothesay State or Prov. Of Residence:: New Brunswick Country of Residence:: Canada Street of mailing address:: 8 Rothesay Park Road City of mailing address:: Rothesay State or Province of

New Brunswick

mailing address::

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

E2E 5T6

**Inventor Authority Type::** 

Inventor

**Primary Citizenship** 

Country::

Canada

Status::

**Full Capacity** 

Given Name::

Christopher

Middle Name::

**Bent** 

Family Name::

Magee

Name Suffix::

Mr.

City of Residence::

Saint John

State or Prov. Of

Residence::

**New Brunswick** 

Country of Residence::

Canada

Street of mailing address::

7 Lentook Avenue

City of mailing address::

Saint John

State or Province of

mailing address::

**New Brunswick** 

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

E2K 5G6

Inventor Authority Type::

Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Robert

Middle Name:: Paul

Family Name:: Mansz

Name Suffix:: Mr.

City of Residence:: Rothesay

State or Prov. Of

Residence:: New Brunswick

Country of Residence:: Canada

Street of mailing address:: 7 Bridle Path Lane

City of mailing address:: Rothesay

State or Province of

mailing address:: New Brunswick

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: E2E 5S7

Inventor Authority Type:: Inventor

**Primary Citizenship** 

Country:: Canada

Status:: Full Capacity

Given Name:: Frederick

Middle Name:: Gayle

Family Name:: Bullock

Name Suffix:: Mr.

City of Residence:: Nauwigewauk

State or Prov. Of

Residence:: New Brunswick

Country of Residence:: Canada

Street of mailing address:: 77 Nauwigewauk Loop

City of mailing address:: Nauwigewauk

State or Province of

mailing address:: New Brunswick

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: E5N 5V9

Inventor Authority Type:: Inventor

**Primary Citizenship** 

Country:: Canada

Status:: Full Capacity

Given Name:: Gregory

Middle Name:: Michael

Family Name:: Parker

Name Suffix:: Mr.

City of Residence:: Quispamsis

State or Prov. Of

Residence:: New Brunswick

Country of Residence:: Canada

Street of mailing address:: 23 Lionel Drive

City of mailing address::

Quispamsis

State or Province of

mailing address::

**New Brunswick** 

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

**E2E 1K6** 

Inventor Authority Type::

Inventor

**Primary Citizenship** 

Country::

Canada

Status::

**Full Capacity** 

Given Name::

Jeffery

Middle Name::

George

Family Name::

Sheehan

Name Suffix::

Mr.

City of Residence::

Saint John

State or Prov. Of

Residence::

**New Brunswick** 

Country of Residence::

Canada

Street of mailing address::

712 Tippett Drive

City of mailing address::

Saint John

State or Province of

mailing address::

**New Brunswick** 

Country of mailing address::

Canada

Postal or Zip Code of

mailing address::

E2M 4Z1

Inventor Authority Type:: Inventor

Primary Citizenship

. . . . .

Country:: Canada

Status:: Full Capacity

Given Name:: Lorie

Middle Name:: Deanna Mae

Family Name:: Vaughan

Name Suffix:: Mrs.

City of Residence:: Quispamsis

State or Prov. Of

Residence:: New Brunswick

Country of Residence:: Canada

Street of mailing address:: 3 Stonewood Court

City of mailing address:: Quispamsis

State or Province of

mailing address:: New Brunswick

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: E2E 4Y8

#### **Correspondence Information**

Correspondence Customer

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Phone Number:: (416) 957-1699

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E-Mail Address:: vkrichker@bereksinparr.com

### Representative Information

Representative	
Customer Number::	001059

### **Assignee Information**

Assignee name:: Kinek Technologies Inc.

Street of mailing address:: 15 Market Square, 12th Floor

City of mailing address:: Saint John

State or Province of New Brunswick

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